CONTINUING EDUCATION (NON-CREDIT)
JOHNSON COUNTY COMMUNITY COLLEGE
TRANSCRIPT REQUEST

JOHNSON COUNTY
COMMUNITY COLLEGE
CONTINUING EDUCATION

_____ _____ _____
JCCC ID#   Date of Birth   Date of Request

Name: Last   First   Middle   Maiden/Other Names

Address   City   State   ZIP

Student Signature Required   Home Phone   Work Phone

Are you currently enrolled at JCCC? Yes No	Special Instructions:
	A. Process now, do not hold for semester grades
	B. Hold for end of _____ Term grades
If not enrolled at JCCC, when did you last attend?	**Check both A and B if applicable**
_____ Year Fall Spring Summer	C. Other Instructions_____

COMPLETE THE FULL MAILING ADDRESS AND PRINT LEGIBLY
Note: Student is responsible for correct address.

Send _____ no. of copies to:	**Send _____ no. of copies to:**
_____ Name of institution or person to receive transcript	_____ Name of institution or person to receive transcript
_____ Address	_____ Address
_____ Address	_____ Address
_____ City State ZIP	_____ City State ZIP
Send _____ no. of copies to:	**Send _____ no. of copies to:**
_____ Name of institution or person to receive transcript	_____ Name of institution or person to receive transcript
_____ Address	_____ Address
_____ Address	_____ Address
_____ City State ZIP	_____ City State ZIP

CONTINUING EDUCATION REGISTRATION OFFICE,
JCCC, 12345 College Blvd., Box 62, Overland Park, KS 66210
Phone: 913-469-2323   Fax: 913-469-4414

Transcripts will be issued within two weeks. ALLOW AT LEAST FOUR WEEKS FROM THE END OF THE COURSE.

<u>All financial obligations must be reconciled</u> before transcripts will be released.

Student signature required before transcripts can be released.

Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that JCCC will not permit any other party to have access to such information without the written consent of the student.

R 6/19